

**SUPPLEMENT FOR MENTAL HEALTH  
VETERANS AFFAIRS FACILITIES  
MARCH 31, 2025**

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOUR VETERANS AFFAIRS FACILITY.

VA1\_MH. Does **this facility** have a standardized process or workflow for referring clients to appropriate care settings depending on their individual mental health treatment plan?

Yes

No

VA2\_MH. Is the facility engaging in the follow-up of clients of mental health care with suicidal thoughts and suicidal behavior, beginning in the immediate period following their inpatient facility visits?

Yes

No

VA3\_MH. Which of the following suicide prevention services are offered **at this facility**?

MARK ALL THAT APPLY

Lethal Means Safety training

Free Gun Locks

Suicide prevention-related community outreach or workshops

We do not offer any of these suicide prevention services

VA4\_MH. When are staff who have contact with clients trained on suicide prevention strategies? Please include staff such as clerks, schedulers, and those who are in telephone contact with veterans.

MARK ALL THAT APPLY

When they begin working

At trainings held at regular intervals

None of these staff are trained on suicide prevention strategies

VA5\_MH. Which of the following suicide risk screening programs has **this facility** implemented?

MARK ALL THAT APPLY

Indicated *(those known to be at risk)*

Universal *(total client population)*

Selected *(those at increased risk)*

We have not implemented a suicide risk screening program

VA6\_MH. For clients receiving inpatient mental health treatment, does **this facility** identify warning signs for suicide and violence that clinicians should assess?

Yes

No

VA7\_MH. Does **this facility** assess each client’s level of risk for suicide to determine appropriate action?

Yes                      No

VA8\_MH. Does **this facility** maintain a list of clients who are high risk for suicide?

Yes → SKIP TO **VA8a\_MH**

No → SKIP TO **VA9\_MH**

VA8a\_MH. Does **this facility** have a process for ensuring that high risk for suicide clients are followed up with when mental health or substance abuse appointments are missed?

Yes                      No

VA9\_MH. Please indicate how many full-time Suicide Prevention Coordinators (*SPCs*), care managers for high suicide risk clients, and program support assistants for high risk clients are currently employed at your facility.

**ENTER A NUMBER FOR EACH** (IF NONE, ENTER “0”)

Number of SPCs	<input type="text"/>
Number of care managers	<input type="text"/>
Number of program support assistants	<input type="text"/>

VA10\_MH. How many of the mental health treatment inpatients that you reported in the **March 31, 2025, hospital inpatients total box** were identified as being at high risk of suicide?

- The **hospital inpatients total box** can be found at question D10a on page 32 of the survey.

**ENTER A NUMBER** (IF NONE, ENTER “0”)

Number at high risk of suicide

VA11\_MH. How many of the mental health treatment residential clients that you reported in the **March 31, 2025, residential clients total box** were identified as being at high risk of suicide?

- The **residential clients total box** can be found at question D11a on page 33 of the survey.

**ENTER A NUMBER** (IF NONE, ENTER “0”)

Number at high risk of suicide

VA12\_MH. How many of the mental health treatment outpatient clients that you reported in the **March 2025, outpatient clients and partial hospitalization/day treatment clients total box** were identified as being at high risk of suicide?

- The **outpatient clients and partial hospitalization/day treatment clients total box** can be found at question D12a on page 35 of the survey.

**ENTER A NUMBER** (IF NONE, ENTER “0”)

Number at high risk of suicide